

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v10

Title of Invention	PATIENT NOTIFICATION OF MEDICAL DEVICE TELEMETRY SESSION		
Application Number :	10/724584		
Date :	2004-09-30		
First Named Applicant:	Gregory J. Haubrich		
Attorney Docket Number:	P11280.00		
TOTAL FEE AUTHORIZED \$ 180			
Patent fees are subject to annual revisions on or about October 1st of each year.			

Fee Description	Fee Code	Amount \$	Fee Paid \$
Submission Of Information Disclosure Stmt Fee	1806	180	180

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 132546
Access Code ****
Deposit name: Medtronic, Inc.
Deposit authorized name: Daniel G. Chapik
Signature: /Daniel G. Chapik/
Date (YYYYMMDD): 2004-09-30

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.